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Milde Hoffberg & I	Macklin			I hereby certify that the	nis Fee(s) Transmittal is bein	g deposited with the United
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White Plains, NY 10606				Juliann Gaddy (Depositor's name)		
06/15/2005 FFANAIA3 00000020 09936571				Juliani GAOD (Signature)		
01 FC:2501 700.00 DP				June 8, 2005 (Date)		
APPLICATION NO.	FILING DATE 30.0	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/936,571	09/14/2001	Martin Rahe			HBC 232-KFM	8714
TITLE OF INVENTION: DI	EVICE FOR RECEIVING A	ND CONTROLLIN	G VOIDED URIN	E .		
APPLN, TYPE	APPLN. TYPE SMALL ENTITY		PL	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XX YES	\$1408		\$0	\$0X00 5700	07/05/2005
					34.400 0700	07/03/2003
EXAMINER		ART UNIT		ASS-SUBCLASS	J	
HINDENBURG, MAX F		3736		600-584000		
 Change of correspondence CFR 1.363). 		the patent front page, l	. 1911 151715	& HOFFBERG, LLI		
			or agents OR, alter	ip to 3 registered pate matively,	nt attorneys •	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the name of a single firm (having as a member a 2						
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PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee day of this form is NOT a	ta will appear on t substitute for filing	he patent. If an assign g an assignment.	nee is identified below, the o	document has been filed for
(A) NAME OF ASSIGNEE			B) RESIDENCE: (CITY and STATE OR COUNTRY)			
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Please check the appropriate	assignee category or categor	ies (will not be print	ed on the patent):	Individual 🗖 C	orporation or other private gr	oup entity Government
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Authorized Signature	19m	mil	$\overline{}$	Date	6/8/05	
Typed or printed name	Karl F. Milde			Registration		
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